



# County of San Diego Monthly STD Report

Volume 9, Issue 5: Data through January 2017; Report released June 14, 2017.



**Table 1. STDs Reported Among County of San Diego Residents, by Month and Previous 12 Months Combined.**

	Jan	2016 Previous 12- Month Period*	Jan	2017 Previous 12- Month Period*
Chlamydia	1740	17768	1795	19009
Female age 18-25	690	7104	681	7245
Female age ≤ 17	81	812	73	761
Male rectal chlamydia	59	626	67	562
Gonorrhea	387	3793	506	5120
Female age 18-25	51	500	60	675
Female age ≤ 17	7	66	8	109
Male rectal gonorrhea	49	529	93	680
Early Syphilis (adult total)	77	838	107	1005
Primary	17	183	15	172
Secondary	31	319	42	358
Early latent	29	336	50	475
Congenital syphilis	1	10	1	10

\* Cumulative case count of the previous 12 months.

**Table 2. Selected STD Cases and Annualized Rates per 100,000 Population for San Diego County by Age and Race/Ethnicity, Year-to-Date.**

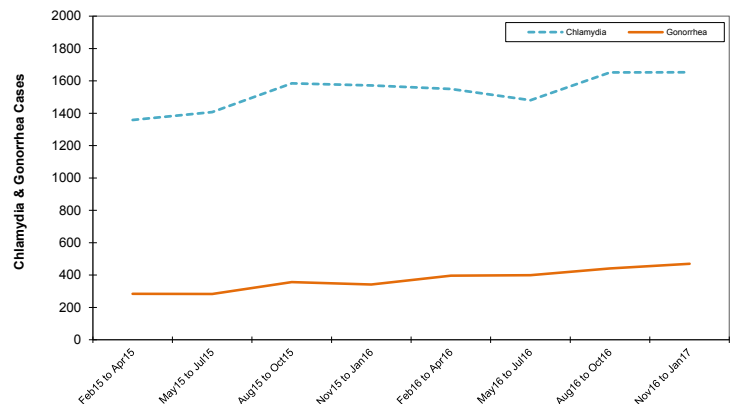
	All Races*		Asian/PI		Black		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
<i>All ages</i>										
Chlamydia	1795	655.0	16	49.1	43	328.8	126	137.6	119	93.8
Gonorrhea	506	184.6	15	46.0	36	275.3	104	113.6	113	89.1
Early Syphilis	108	39.4	5	15.3	8	61.2	44	48.1	42	33.1
<i>Under 20 yrs</i>										
Chlamydia	289	424.7	4	58.4	8	252.9	18	58.3	13	56.7
Gonorrhea	43	63.2	1	14.6	1	31.6	10	32.4	7	30.5
Early Syphilis	4	5.9	0	0.0	0	0.0	1	3.2	0	0.0

Note: Rates calculated using 2016 SANDAG population estimates.

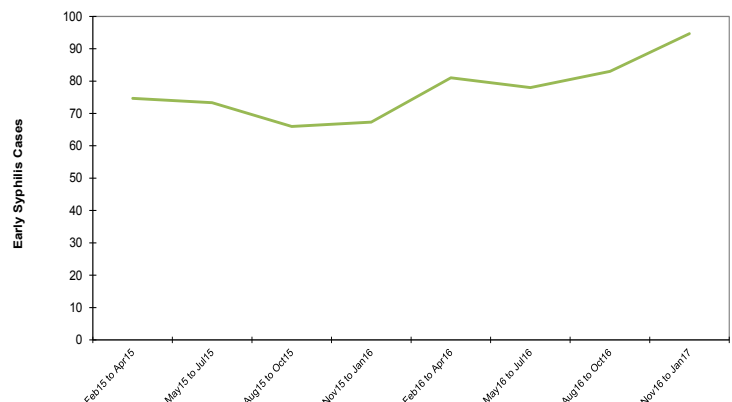
\* Includes cases designated as "other," "unknown," or missing race/ethnicity.

**Note: All data are provisional.** Case counts are based on the earliest of date of diagnosis, date of specimen collection, and treatment date. Totals for past months might change because of delays in reporting from labs and providers.

**Figure 1. Chlamydia and Gonorrhea Reported Among County of San Diego Residents, by 3-Month Period.**



**Figure 2. Early Syphilis Reported Among County of San Diego Residents, by 3-Month Period.**



## Editorial Note: New Resources for Antibiotic-Resistant Gonorrhea

The threat of antibiotic-resistant *Neisseria gonorrhoeae* continues to be a major public health concern. Progressive development of wide-spread resistance to penicillins, tetracyclines and fluoroquinolones has reduced gonorrhea treatment options to a single recommended regimen: **ceftriaxone 250 mg IM plus azithromycin 1 gram orally in a single dose**<sup>[1]</sup>. In order to preserve the effectiveness of this regimen, it is important for the provider community and the general public to be aware of the threat of antibiotic-resistant gonorrhea and the importance of treatment based on the most recent Centers for Disease Control and Prevention (CDC) guidelines<sup>[1]</sup>.

The CDC has released an [informational video](#) to assist providers in increasing awareness of this issue in the community and among stakeholders. This video traces the history of antibiotic-resistant gonorrhea and changes in treatment recommendations over time. It also highlights the challenges in gonorrhea treatment that would arise if widespread cephalosporin resistance develops.

The CDC also has released the [2015 Gonococcal Isolate Surveillance Project \(GISP\) Profiles](#) for the United States as a whole and for individual STD clinic sites, including San Diego. GISP is a multi-site national surveillance project that monitors antimicrobial susceptibility trends among male urethral *N. gonorrhoeae* culture isolates and was described previously in [Volume 8, Issue 8](#) of this report. At the national level and in San Diego, the percentage of isolates with elevated minimum inhibitory concentrations (MICs) for ceftriaxone and cefixime decreased from 2011 to 2015. An increase was observed in the percentage of isolates with elevated MICs for azithromycin from 2011 to 2015 for the nation as a whole, but not for San Diego. Resistance to tetracyclines and fluoroquinolones remained high (43.5% and 31.2% respectively in San Diego). For more information about GISP, please click [here](#).

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